

DSHS Reinventing the MMIS



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Lessons Learned

There are many opportunities in life to learn from example – what others have done before that worked well and what could benefit from improvement. A project like MMIS Re-Procurement can also benefit by considering such “lessons learned,” not just from other states and large projects, but also from our own experience in previous phases. This newsletter describes two recent examples of how the project is incorporating “lessons learned.”

- Modification of the Design Phase to reflect “lessons learned” during requirements verification
- A proactive approach addressing the “people” aspects of implementing technology such as business workflows, organizational and cultural change, provider readiness and communications.

Design phase moves ahead

On August 24, the DSHS OB-2 auditorium was filled with participants who will be involved in system design. The MMIS project team reviewed where the project is today, how the design process will

unfold, and how it will be organized. Several teams (16 functional and 2 technical), consisting of DSHS and Team CNSI members, will break into small focus groups to tackle separate design areas. Modifications to this process were identified based on lessons learned from the requirements verification process. The intent of the changed approach is to minimize the need for large group discussions and coordinate the work amongst smaller, more focused groups.

The design effort will be based on the existing CNSI system from Maine (also called the “transfer system”). If the transfer system meets the DSHS requirement, it will be accepted as is. However, if the transfer system cannot meet our business needs, the system will be modified. Where transfer system functionality does not currently exist (e.g., Managed Care and Social Service invoicing), new development will be necessary to meet the state’s specifications.

The design work will be organized by topic, issue or business process. The approximate 300 focus groups and 150 Collaborative Application Design (CAD) sessions will continue with

design activities through May of 2007. To ensure a cohesive design that addresses both medical and social service programs, the design phase will address *both* Phase 1 and Phase 2 program requirements.

Once CAD members accept a Design Phase deliverable, CNSI’s programmers will begin the software development for that area.

The MMIS Re-Procurement Newsletter

Visit the DSHS Intranet
<http://mmis.dshs.wa.gov>

Calendar

**October 20 - Readiness
Committee Meeting**

MMIS questions?
Contact
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DSHS takes a proactive approach addressing 'People'

One of the key lessons learned from the implementation of other projects is the importance of "people" readiness. DSHS has assembled an internal team, the People Readiness committee, consisting of members across administrations and divisions. This Committee will guide DSHS individual and organizational readiness activities for the new MMIS.

The scope of this committee will include activities related to the people side of the project including: (a) stakeholder readiness, measurement and review, (b) administration communication and feedback; (c) stakeholder management; (d) transition (migration) plans; (e) cultural change materials for DSHS employees, identified stakeholders, and providers; and (f) training.

The committee members will represent their administrations by attending regular monthly workgroup meetings and providing recommendations to address issues, decisions, and actions. Members will also contribute to the strategy and overall planning for affecting readiness in the provider community.

Provider Readiness

One of the lessons learned from the State of Maine is the importance of provider readiness:

- Providers must be trained in a timely manner
- Billing instructions must be accurate and understood by providers
- Call centers must be prepared for an increase in calls

- Providers need to know well in advance of system and policy changes

Providers' ability to successfully interact with the new system will be a key indicator for going live. Provider readiness will require efforts across DSHS to ensure providers complete the following:

1) Be aware and knowledgeable about the MMIS Project by regularly checking the website, attending provider focus group discussions and reading other communication materials.

2) Apply to CMS for a National Provider Identifier (NPI – only applies to medical providers).

When new system functionality becomes available;

3) Verify and Update demographic information on the new MMIS (including your Trading Partner Agreement and electronic submission information).

4) Participate in hands-on training to learn to use the:

- On line Provider enrollment and update functionality
- On-line claims submission
- On line eligibility verification
- On line claim status inquiries
- IVR functionality
- Magnetically encoded client ID card

5) Test billing submission, including HIPAA compliance, if applicable.

6) Interact with the new system, practicing what was learned during training and testing.

Business Process Re-engineering

The new MMIS provides an opportunity to re-examine and re-engineer the way DSHS conducts business. To support this effort, Executive leadership interviews were conducted during June and July to assess leadership direction for Business Process Re-engineering (BPR).

The initial BPR activities were designed to better understand the "As Is" business process and high-level "To Be" business process, in order to determine if there will be any system impacts prior to beginning the design stage.

Work group sessions were also held with staff to document current processes and identify opportunities for improvement. These opportunities were evaluated based on system functionality, process improvements, and best practices.

Business process candidates for change will be provided to Key DSHS Staff for further discussion, prioritization, and analysis. Candidates supported by Key Staff will be integrated into the design process for further analysis.

On-going BPR work will continue, with more detailed documentation of current and future business models (due in November 2005 and April 2006 respectively). Once the models are defined, a gap analysis process will determine the bridge between current and future business models and lead to the development of a Business Process Transition Plan.